

DECEASED JOINT TENANT AFFIDAVIT

State of Indiana)
County of Lake) SS

Date: 08/23/2004

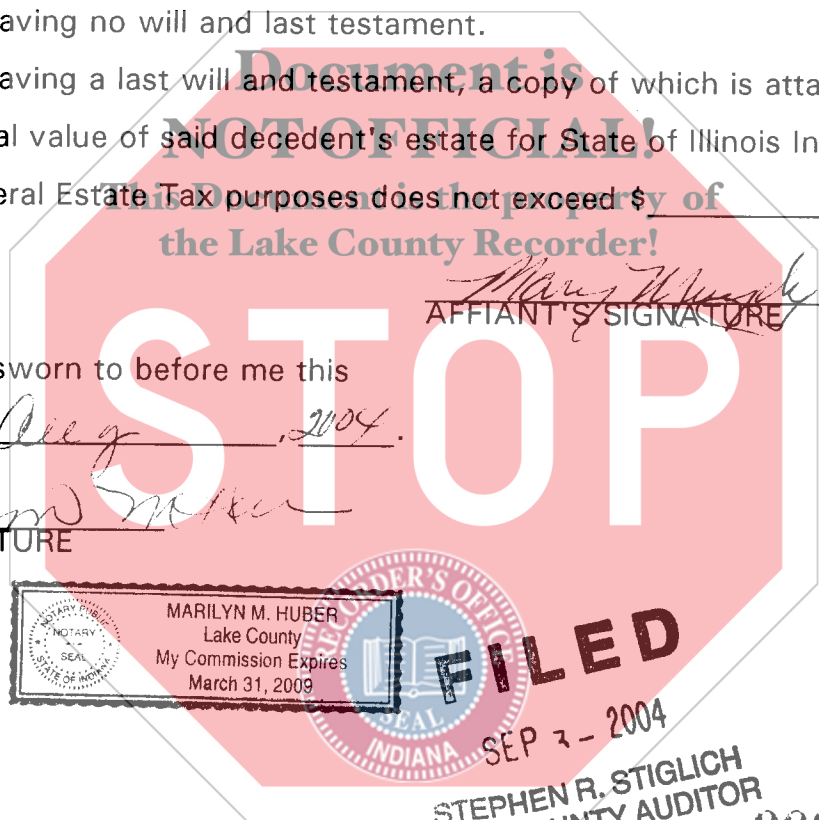
File # 04000736

Mary Murphy, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: _____
2. That he/she was acquainted with _____ who died on _____, as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 leaving no will and last testament.
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ _____.

2004 075644

FILED FOR RECORD



Mary Murphy
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this 23 day of Aug, 2004.

Marilyn M. Huber
NOTARY SIGNATURE



FILED
SEP 3 - 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000367

Return to: Mary Murphy
741 Tyler St
GARY, IN
46402

CK# 5518
RTS 14
DG

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to determine its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1684-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

IDENT

MENTS

FORMANT

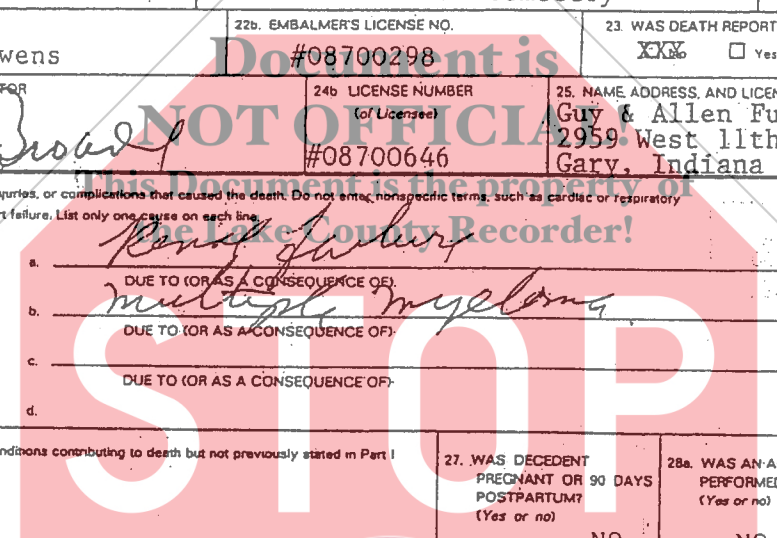
POSITION

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1. DECEASED—NAME (First, Middle, Last) Admiral Renaldo Murphy				2. SEX male	3a. TIME OF DEATH 10:30 P	3b. DATE OF DEATH (Month, Day, Yr) June 27, 2004
4. *SOCIAL SECURITY NUMBER 309-30-6253		5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 8, 1930	7. BIRTHPLACE (City and State or Foreign Country) Elaine, Arkansas
8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospice			9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary L. McMiller		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bricklayer		12b. KIND OF BUSINESS/INDUSTRY USX Steel Corp.
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 741 Tyler Street
13e. ZIP CODE 46402	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U S A	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th College (1-4 or 5+) _____			18. FATHER'S NAME (First, Middle, Last) William Murphy			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Mae Adams			20a. INFORMANT'S NAME (Type/Print) Mary L. Murphy			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 741 Tyler Street Gary, Indiana 46402			20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 6, 2004 Oak Hill Cemetery			21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMER'S NAME Patrician Owens		22b. EMBALMER'S LICENSE NO. #08700298		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broad</i>		24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Fuenral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. Renal failure						
b. multiple myeloma						
c. _____						
d. _____						
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I						
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) _____
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Julius P. Rivera M.D.</i>				29c. MEDICAL LICENSE NO. 01025525B		29d. DATE SIGNED (Month, Day, Year) 7-1-04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Julius P. Rivera M.D. 1507 Wabash St. Suite 500A Michigan City In 46360						
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>						32. DATE FILED (Month, Day, Year) 7-1-2004
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc			





Residential Title Services, Inc.



Legal Description

LOT 11, BLOCK 27, IN THE GARY LAND COMPANY'S FIRST SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 6, PAGE 15, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel ID Number: **25-44-0027-0011**

Commonly known as: **741 TYLER STREET
GARY, IN 46402**

